



State of Michigan Employees

Volume 3 2008

This issue provides a variety of timely information related to your health care benefits and your health care needs



For Your Benefit

REMINDER:

SHP PPO benefit changes effective 10/1

After you've met your deductible, you're responsible for copayments. A copayment requires you to pay a portion of the cost of certain health care services. Copayments are different from your deductible and are applied before and in addition to the deductible amount. Copayments are determined by whether you receive service in- or out-of-network.

As of Oct. 1, 2008, in-network office visits are subject to a \$15 copayment. This includes:

- Physician office visits
- Office consultations
- Chiropractic office visits
- Chiropractic spinal manipulations
- Urgent care visits
- Medical eye exams
- Medical hearing exam

Out-of-network copayments remain the same; 10 percent for most services including office visits.

Also, a new \$50 emergency room copayment is required if the member isn't admitted to the hospital.

Benefit changes continued on pg 2

Summary of changes for 10/1/08

In-network office visits	Increased to \$15
Emergency room copayment	Increased to \$50 (waived if admitted)



Annual medical care copayment maximums – no change

Remember, the annual copayment maximum only applies to the copayments under your SHP PPO medical care plan.

You're only required to pay a certain amount in medical care copayments each year:

	In-network	Out-of-network
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000

However, certain copayments and other charges can't be used to meet your medical care copayment maximum. They are:

- Fixed-dollar copayments
- Private duty nursing copayments
- Deductibles
- Charges for non-covered services
- Charges in excess of BCBSM's approved amount
- Deductibles or copayments required under other Blue Cross Blue Shield of Michigan coverage

If you have any questions concerning your medical health care plan, contact the BCBSM State of Michigan Customer Service Center at **800-843-4876**.

Fall allergies can lead to asthma attacks

Fall often brings with it the cough and flu season. But this season can also be called the asthma season. According to the American Lung Association, the back-to-school months and the advent of fall are when asthma attack rates and related hospitalizations are at their highest for children. Adults should also take care.

Some people deal with allergy and asthma symptoms year round, because they're triggered by substances found in the everyday living environment. Other people deal with the symptoms at certain times of the year like fall and spring, if they have the outdoor type of seasonal allergies, meaning that triggers are commonly found outdoors rather than indoors. Still others have allergic asthma symptoms year round but find they get worse in early fall.

Common fall allergy and asthma symptoms can include:

- Sneezing
- Nasal stuffiness
- Runny nose
- Itchy, watery, burning eyes
- Itchy mouth or throat
- Wheezing
- Coughing
- Difficulty breathing
- Tight feeling in the chest

Seasonal allergies can occur at different times in different parts of the United States, depending on the climate and location. When autumn leaves start to fall, fall allergies and asthma problems start to increase. The most common

fall triggers are weed pollens and molds. Some common weed triggers are ragweed and tumbleweed.

Mold can grow both inside and out. However, it's the outdoor type of mold that causes the most allergy and asthma problems in the fall. Mold can be found in most often in climates where heat and humidity are common weather forecasts. Outdoor molds are found in gutters, piles of dead leaves, soil, vegetation and rotting wood.

Diagnosing asthma and fall allergies

If you think you may have asthma, discuss it with your doctor. You can also contact BlueHealthConnection to discuss it with one of our nurse coaches. Describe to your doctor or the nurse coach any pattern you've noticed that may have brought on the symptoms, such as:

- Being more frequent during certain times of the year
- More frequent during certain activities like raking leaves or after a rainy period
- More frequent when you're outdoors

Fall allergies continued on pg 4



Doctors typically diagnose asthma by looking for the classic symptoms: episodic problems with breathing that include wheezing, coughing, and shortness of breath. When symptoms alone fail to establish a diagnosis of asthma, doctors may use spirometry, a test that measures airflow. By comparing a patient's normal airflow, airflow during an attack, and airflow after the application of asthma medication, doctors determine whether the medicine improves the patient's breathing problems. If asthma medication helps, doctors usually diagnose the condition as asthma.

Identifying the specific trigger of a patient's asthma is usually more difficult than the initial diagnosis. Doctors may perform a series of allergy skin tests to help determine whether allergy triggers are responsible. Skin tests aren't conclusive, however, because patients may have skin reactions to substances that do not necessarily trigger an asthma attack. A combination of the allergy tests and your pattern of symptoms may result in a diagnosis of allergic asthma.

Avoiding an allergic asthma attack

There are actions you can take to prevent an allergic asthma attack.

- Pay attention to pollen and mold counts for your area. Many weather forecasts report this information during certain times of the year.
- When pollen and mold counts are high, stay indoors as much as you can. Mold counts tend to be high on hot, humid or damp days, so stay inside as much as you can on those days. This also counts when pollen counts are high, which is mainly on hot, dry, windy days.
- When you're indoors or in a car, keep the windows closed and the air-conditioning on. Even if it's not hot outside, an air conditioner can keep pollen and mold from blowing into your home or car.

There are a number of medications that can be used to treat fall allergies and asthma. For asthma, your doctor may prescribe and inhaled steroid for you to use everyday to prevent symptoms. He or she may also prescribe a rescue inhaler if symptoms to arise. Your doctor may prescribe additional medications, depending on your symptoms and their severity.

Medications to treat fall allergy symptoms can include:

- **Oral antihistamines.** Try one of the over-the-counter medicines, or ask your doctor to prescribe one.
- **Nasal decongestant sprays.** These work well for limited use to relieve nasal congestions.
- **Nasal steroid sprays.** These prescription sprays are some of the most effective and safest medicines.
- **Eye drops.** There are several types of eye drops that can be used to relieve the symptoms of allergies. These include over-the-counter eye drops, which shouldn't be used too often or they can make the symptoms worse. Natural tears eye drops are the gentlest and may work if your symptoms are mild. More severe symptoms may respond better to antihistamine eye drops, which are available over-the-counter or by prescription.

If your allergies and asthma get worse in the fall, don't think you just have to "suffer and bear with it." Take action. Talk to your doctor before your symptoms begin to make sure you have a plan of action so you can enjoy your fall season.

Sources: American Lung Association, American Academy of Allergy Asthma and Immunology, and National Institute on Health.

Fall brings insects closer to you

Fall brings a chill in the air. It also brings the season to be aware of insect and spider bites. The cooler weather can bring these critters inside, looking for a warm place to call home, so be careful. Bites and stings from insects (bees, wasps, yellow jackets) and spiders usually cause pain, swelling, redness and itching at the site or bite. In some people, the redness and swelling may last a few days.

A few people have severe allergic reactions that affect the whole body. This type of reaction can be deadly. If you have had a severe allergic reaction to a past sting or bite, you may want to keep an allergy kit with an epinephrine syringe (such as an EpiPen) with you at all times. Ask your doctor or pharmacist how and when to use it.

Itsy, bitsy spider

Spider bites are rarely serious. But any bite can be serious if it causes an allergic reaction. A single bite from a poisonous spider, such as a black widow, brown recluse, or a hobo spider, may cause a severe reaction and needs medical care right away.



Black widow spider – highly venomous – can be deadly.
A bite from a female black widow spider may cause chills, fever, nausea and severe belly cramps

Black widow spiders can be up to two inches across and are shiny black with a red to yellow hourglass mark on their undersides. It prefers woodpiles, rubble piles, under stones, in hollow stumps, sheds and garages. Indoors it can be found in undisturbed, cluttered areas in basements and crawl spaces.

Brown recluse spider – Highly venomous and aggressive. A bite from a brown recluse or hobo spider causes intense pain, and you may get a blister that turns into a large open sore. The bite may also cause nausea, vomiting, headaches and chills

Brown recluse (fiddles) spiders are smaller than black widows and have long legs. They're brown with violin-shaped marks on their heads.



Fall brings insects closer to you continued on pg 6

Black house spiders are dark brown or black with a velvet texture. Look for a lacy, messy web in a dry, quiet place. A wolf spider is mottled gray to brown with a distinct Union Jack impression on its back.

Whether you see one of these spiders or another, your best bet is to leave it alone. Spiders do serve a purpose in the environment. Just make sure you don't disturb it.

Venomous, causing
severe pain around the
bite, heavy sweating,
and nausea.



Ticks

Ticks are small bugs that bite into the skin and feed on blood. They live in bird feathers and animal fur (watch your cats and dogs) and in wooded or grassy areas. Tick bites occur more often in early spring to late summer.

Most ticks don't carry diseases, and most tick bites don't cause serious health problems. Still, it's best to remove a tick as soon as you find one.

Many of the diseases that ticks may pass to humans (such as Lyme disease, Rocky Mountain spotted fever, relapsing fever, and Colorado tick fever) have the same flu-like symptoms: fever, headache, body aches, and fatigue.

Sometimes a rash or sore may occur with the flu-like symptoms. A red rash that gets bigger is a classic early sign of Lyme disease. It may appear one day to one month after a tick bite.

Home treatments for ticks

- Check your body often for ticks when you're out in the woods. Closely check your clothes, skin, and scalp when you get home. Check your pets for ticks too. The sooner you remove the ticks, the less likely you're to spread infection.
- If you find a tick, try to remove it. Use tweezers to pull gently on it as close to the skin (where the mouth is) as possible. Pull straight out, and try not to crush the tick's body. Don't try to "unscrew" the tick.
- Don't try to burn off the tick or smother it with petroleum jelly, nail polish, gasoline or rubbing alcohol.
- Save the tick in a jar for tests in case you get flu-like symptoms after the bite.
- Wash the area with soap and water.

Use tweezers to pull the tick straight out.



Home treatments for insect and spider bites and stings

- Remove a bee stinger by scraping or flicking it out. Don't squeeze it, because you may release more venom into the skin. If you can't see the stinger, assume it's not there.
- If a venomous spider bites you, put ice on the bite and call your doctor. Don't use a tourniquet.
- Put ice or a cold pack on the bite or sting. A paste of baking soda or unseasoned meat tenderizer mixed with a little water may help relieve pain and decrease the reaction.
- Take an antihistamine to relieve pain, swelling, and itching. Look for types that won't make you sleepy, such as Claritin or Alavert. Calamine lotion or hydrocortisone cream may also help.
- Wash the area with soap and water.
- Trim your fingernails so if you are tempted to scratch, you won't scratch too hard.
- Don't break any blisters that form. They could get infected.

Quitting smoking

Millions of people have quit smoking. Some just quit “cold turkey.” Some quit with the help of support groups or stop-smoking programs (like BCBSM’s Quit the Nic program). Some have used nicotine replacement products. However they did it, they found ways to quit for good. And so can you.

Thinking about quitting?

If you’re thinking about quitting, you’re already on your way. It may help to know that you don’t have to quit smoking or using tobacco products through willpower alone. There are:

- Treatments that can help with the physical effects of giving up smoking or using tobacco and nicotine
- Resources that can help with the emotional side of quitting smoking or using tobacco

These approaches have helped many people stop smoking for good. They can help you too.

Nicotine replacement and medicines

When you try to stop smoking, you may have trouble sleeping, strongly crave nicotine, or feel grumpy, depressed, or restless. These symptoms of withdrawal are at their worst during the first few days after you quit but may last up to a few weeks. Cravings may last even longer. These are the hardest times to get through. The first few days after quitting will be the most difficult. Most people who start smoking again do it in the first week. You don’t have to give up trying to quit if you slip up and smoke a cigarette. Keep trying.

If you do start smoking again, think about what triggered you to light up. Call the Quit the Nic program at **800-775-BLUE (2583)**. Staffed by seasoned professionals, the representatives can help you think of other ways to deal with what caused you to start smoking again. Learn from this. Set a new quit date. Keep at it. Many successful quitters didn’t succeed at first, but they didn’t stop trying. Each time you try you come that much closer to quitting for good.



Treatment can reduce withdrawal symptoms and help you beat your body's nicotine addiction. You may want to try the following:

- Nicotine replacement products, such as gums, patches, inhalers, sprays, and lozenges. They help your body slowly get used to less nicotine until you do not need it at all. You can buy these products without a prescription.
- Medicine, such as bupropion (Zyban). This medicine doesn't have nicotine but can help you cope with cravings and mood swings. Your doctor can prescribe it for you.

It's not just the nicotine

If you're like many other smokers and tobacco users, using tobacco products is part of your daily routine. You might have a cigarette with your morning coffee while you read the newspaper. You may have one after lunch. You may enjoy a cigar after dinner. You enjoy the experience. It's relaxing. That's why you may have one during a work break or when you get tense "to calm down." When you give up smoking, you miss holding that "thing" in your hand or on your lips or in your mouth. When you quit smoking or tobacco products, you have to give all that up. You look for a replacement.

Here are some ideas:

- Change your routine
- Take it one day at a time
- Reward yourself
- Reduce the amount of alcohol you drink
- Make non-smoking friends
- Enjoy things that you can't smoke while doing — hobbies, odd jobs, non-smoking places
- Start exercising or exercise more

Why do you want to quit using tobacco?

Here are some reasons why people want to quit using tobacco. What are your reasons?

- ✓ I want to feel better and enjoy a healthier lifestyle.
- ✓ I want to set a good example for my children.
- ✓ I want to save money.
- ✓ I want my clothes and hair to smell better.
- ✓ I want to decrease my risk of getting cancer, heart disease and lung disease.
- ✓ I want whiter teeth and fresher breath.

Some people do gain a few pounds after they stop smoking, but you don't have to. Try not to replace smoking with eating. Make sure you have healthy, low-fat snacks on hand in case you do reach for food. And start exercising or exercise more. Walking is good. Exercise helps burn calories and has the added benefit of keeping you busy so you can't smoke.

If you do relapse, try not to get too discouraged. Very few people are able to quit for good on the first try. In fact, it takes most people many attempts before they quit for good. What's important is to figure out what helped you when you tried to quit and what worked against you. You can use that information to make a stronger attempt at quitting the next time. And just keep trying until you're tobacco-free.

You need to stop smoking or using tobacco.
And you really want to. We can help you.

Quit the Nic can help you quit

We can provide you with all the tools you need to be successful. Studies show that people who participate in tobacco cessation programs that include drug therapy, have a better chance of success. In addition to the option of using medication and nicotine replacement therapy such as patches, gum or nasal sprays, enroll in Quit the Nic. Quit the Nic is a tobacco cessation program offered to you at no charge. It's one of the many services provided to you under the BlueHealthConnection program and is part of your State Health Plan PPO and Medicare Advantage plans.

Since Quit the Nic started in 1999, it has helped nearly 8,000 members to quit using tobacco.

Quit the Nic addresses all forms of tobacco, including cigarettes, cigars, snuff and chewing tobacco.

How the program works

Quit the Nic is a telephone-based program to support your efforts.

- During the first call the nurse will discuss your readiness to quit using tobacco and set an action plan, including a quit date and how to prepare for that day.
- In subsequent calls, the nurse will guide you through a series of topics to help you quit.
- During the counseling sessions, the nurse will discuss relapse prevention. Each session is designed to help you deal with the urge to use tobacco as well as develop alternative coping responses.

Tools to help

In addition to the telephone counseling sessions, when you enroll in Quit the Nic, you'll receive:

- **Set Yourself Free** — A pamphlet from the American Cancer Society
- **Coping pack** — A booklet that contains coping responses and methods of dealing with the urge to use tobacco
- **Calendar** — A 60-day calendar for you to track your progress

If you're interested in the Quit the Nic program, call 800-775-BLUE (2583).



Don't let kids inhale smoke

An estimated 15 million children in the U.S., including more than 700,000 children in Michigan, are exposed to secondhand smoke. Statistical details include:

- Twenty-two percent of middle school students and 24 percent of high-school students are exposed to secondhand smoke in the home.
- Thirteen percent of all youth in middle school and 15 percent of all youth in high school are exposed to secondhand smoke in a car every day.
- Forty-six percent of all youth in middle school are exposed to secondhand smoke in a car at least once a week.

Secondhand smoke is strongly linked with these health problems in children:

- Severe asthma attacks
- Severe inner ear infections
- Respiratory tract infections (including pneumonia and croup)
- Sudden infant death syndrome
- Childhood leukemia

About 150,000 to 300,000 children between 12 and 18

months old are affected by secondhand smoke each year. About 15,000 of them are admitted to the hospital with illnesses like bronchitis and pneumonia. About 300 of these children die from respiratory problems related to secondhand smoke, including asthma attacks. (Secondhand smoke may cause children to develop asthma.)

What is "secondhand smoke"?

Secondhand smoke is also called environmental tobacco smoke. It is the smoke that someone exhales when smoking. It also comes from the burning end of a cigarette, cigar or pipe (side-stream smoke). Both mainstream and side-stream smoke contain more than 40,000 chemicals. More than 50 of these can cause cancer.

Why is secondhand smoke in the home especially harmful to kids?

Although adults often develop respiratory problems when exposed to secondhand smoke, children are even more at risk.

Reasons include:

- Children's lungs are still developing.
- Children breathe in more air and take more frequent breaths than adults. This causes them to absorb more toxins than

adults who are exposed to the same amount of secondhand smoke.

- Children's immune systems are not as protective as those of adults.
- It's more difficult for young children to avoid secondhand smoke than it is for their older siblings and other adults.

What can you do?

- Talk to your doctor about quitting. There are many nicotine replacement products and other medications that can help you. Quitting will protect your child and will also reduce the likelihood that your child will become a smoker.
- Help others quit. If you live with someone who smokes, ask that person to quit or to smoke outside.
- Don't smoke in the car.
- Make sure that your child's school or daycare center is smoke-free.
- Make sure your babysitter doesn't smoke.
- Don't smoke around your child or leave cigarettes burning in an ashtray.

Source: *Health A to Z*

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Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd. — Mail Code B491 — Newsletter return only
Detroit, MI 48226-2998

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- **Editor:** Cynthia Pierce, State of Michigan Communications
- **Graphic Designer:** Colleen McIver, Communications Design Services

How to reach us

For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

To Call

800-843-4876

Our customer service representatives are available from 8:30 a.m. to 4:45 p.m. Monday through Friday excluding holidays.

To write

Please send all correspondence to:
State of Michigan Customer Service Center
Blue Cross Blue Shield of Michigan
P.O. Box 80380 — WRAP
Lansing, MI 48908-0380